PTOISB47 (09-06)
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U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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"FEE ADDRESS" INDICATION FORM	
Address to: Mail Stop M Correspondence Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Fax to: 571-273-6500 - OR -
INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have no Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Number, (PTO/SB/125) must be procedure (MPEP) § 403. For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.383 the address associated with: X Customer Number: 26809 OR The attached Request for Customer Number (PTO/SB/125) form.	
PATENT NUMBER (if known)	APPLICATION NUMBER 10/661,551
Completed by (check one): Applicant/Inventor X Attorney or Agent of record 28,371	Styrature Thomas J. D'Amico
(Reg. No.) Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Assignee recorded at Reel Frame	Typed or printed name
multiple forms if more than one signature is required, see below a stock of the second	